



Dear Friends,

It's been said that we are all in this storm called COVID-19 together. But like most storms, some of us are bearing the brunt of its attacks more than others. Some have weathered the need to stay at home as an inconvenience, while others have had their lives torn apart.

The COVID-19 pandemic is affecting us all, but communities of color are suffering more than others. In Maryland, Latinos make up only 10% of the state's population, but more than 22% of confirmed COVID-19 cases. African Americans make up about 30% of our state's population, but more than 40% of COVID-19-related deaths. These patterns are being replicated in states across the country.

When Secretary Azar recently [blamed](#) this disturbing trend on the wider presence of chronic conditions among communities of color, he failed to acknowledge the role of the federal government in creating this problem – namely, that the Trump administration has ignored, and even exacerbated, barriers to health care facing communities of color.

Since his first day in office, the president has led a policy agenda that restricts access to health care for underserved populations. His administration has struck several blows to the Patient Protection and Affordable Care Act (ACA), especially to its protections for the traditionally underinsured. Among many things, President Trump has encouraged the proliferation of short-term junk plans that do not include essential benefits or out-of-pocket cost protections and he has encouraged states to impose Medicaid work requirements.

Even now, during a global pandemic, President Trump refuses to create a COVID-19 special enrollment period on the federal marketplace ([HealthCare.gov](#)), [although many state exchanges](#) – like Maryland – have.

These policies have pushed healthcare coverage even further out of reach for vulnerable and low-income communities as well as the recently unemployed, of which there are tens of millions. It is no surprise [that the uninsured rate in the United States went up in 2017 and 2018 after an eight-year decline](#) initiated by the roll-out of the ACA in 2008.

Without access to affordable, quality health care coverage, people of color often have lacked the resources to manage their health, making them more likely to suffer from the chronic conditions that make the current coronavirus even more deadly. Furthermore, fear that the costs of COVID-19 tests and treatment may be expensive will discourage individuals from seeking the care needed to stay safe and protect their communities.

Other factors like housing and employment conditions also converge to make people of color especially vulnerable to COVID-19. Decades of residential segregation have contributed to densely populated, minority-majority urban areas where food deserts are the norm and medical services are sparse, increasing the likelihood that residents may develop conditions like heart disease and diabetes.

And African and Latino Americans are more likely to work in essential jobs, often on the very front lines of this health crisis, increasing exposure to the coronavirus. They are also overrepresented in jobs that lack paid sick leave, meaning that taking time off to see a doctor or recover from the virus could leave them unemployed.

The current pandemic has drawn back the curtain on structural inequities in our health system and economy. They are the product of systemic discrimination that has been constructed over generations and magnified by recent government policies.

We cannot go back in time and undo those policies, but we can collect facts to take decisive action now to target our pandemic response to those most at risk. The HEROES Act, which was recently passed by the House of Representatives, proposes a number of important measures to accomplish this goal, including funding to support data collection related to health disparities and to improve health care services for underserved populations. The bill requires the administration to include in its strategic testing plan (yes, there should be a strategic plan) specific guidelines that ensure adequate testing of populations at increased risk related to COVID-19.

As the Senate negotiates the next round of coronavirus legislation, I will fight to see such provisions are included in whatever the Senate considers. The current public health crisis has dramatically exposed the inequalities that minority communities have long faced in our nation's health system. Those disparities will not go away on their own, even when the COVID-19 pandemic is over. After years of partisan attacks and degradation, we need to rebuild a system that delivers quality, comprehensive health care to all Americans, regardless of their race, income, or zip code.

America is extremely diverse – and it's our greatest strength. It makes us more innovative, more open-minded, and more resilient. Our diverse communities are a gift, and one that the nation's leaders should work hard to serve and keep safe.

Sincerely,

Ben Cardin